

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023458

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 23

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

FILED JUN 17 1963

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Caldwell</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>mo</u> b. COUNTY <u>Caldwell</u>                                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Polo</u>   |   | c. CITY OR TOWN <u>Polo</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>L</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>Polo</u>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Joseph Stephen Bennett</u>  |   | 4. DATE OF DEATH Month Day Year<br><u>June 4 1963</u>  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>3-17-1889</u>   |
| 9. AGE (last birthday)<br><u>74</u>  |   | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Electrician</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Cleveland Ohio</u>   |  |
| 11. BIRTHPLACE (City and state or country)<br><u>Cleveland Ohio</u>  |   | 12. CITIZEN OF WHAT COUNTRY  |  |
| 13a. FATHER'S NAME<br><u>Michael Bennett</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Seibert</u>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Mrs Roxie Bennett</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no; or unknown) (If yes, give war or dates of service)<br><u>yes 1st world war</u>                              |  |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br><u>Mrs Roxie Bennett Polo mo</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>sudden</u>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerotic heart disease</u>   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><u>Richmond Mo.</u>  |  |
| 20g. COUNTY<br><u>Caldwell</u>   |   | 20h. STATE<br><u>mo</u>  |  |
| 21. I attended the deceased from <u>Sept. 1962</u> to <u>death</u> and last saw him alive on <u>5-27-63</u><br>Death occurred at <u>8:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22a. SIGNATURE (Degree or title)<br><u>J.A. Crozier, MD</u>  |  |
| 22b. ADDRESS<br><u>Richmond Mo.</u>  |   | 22c. DATE SIGNED<br><u>6-6-63</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>6-6-1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Crown Hill Masonic Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Excelsior Springs mo</u> |
| 24. FUNERAL DIRECTOR<br><u>Alspaugh &amp; Cowley Polo mo</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>June 12-63</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Glady's Jones</u>  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**